

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Charles E. Connell

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Clements</u>		County <u>St. Marys.</u>		Months	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>26</u>	Years <u>About 68</u>	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Carpenter</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>—</u>	Father's Birthplace				
Mother's Maiden Name <u>—</u>	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary

Nephritis

How long

12 Months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

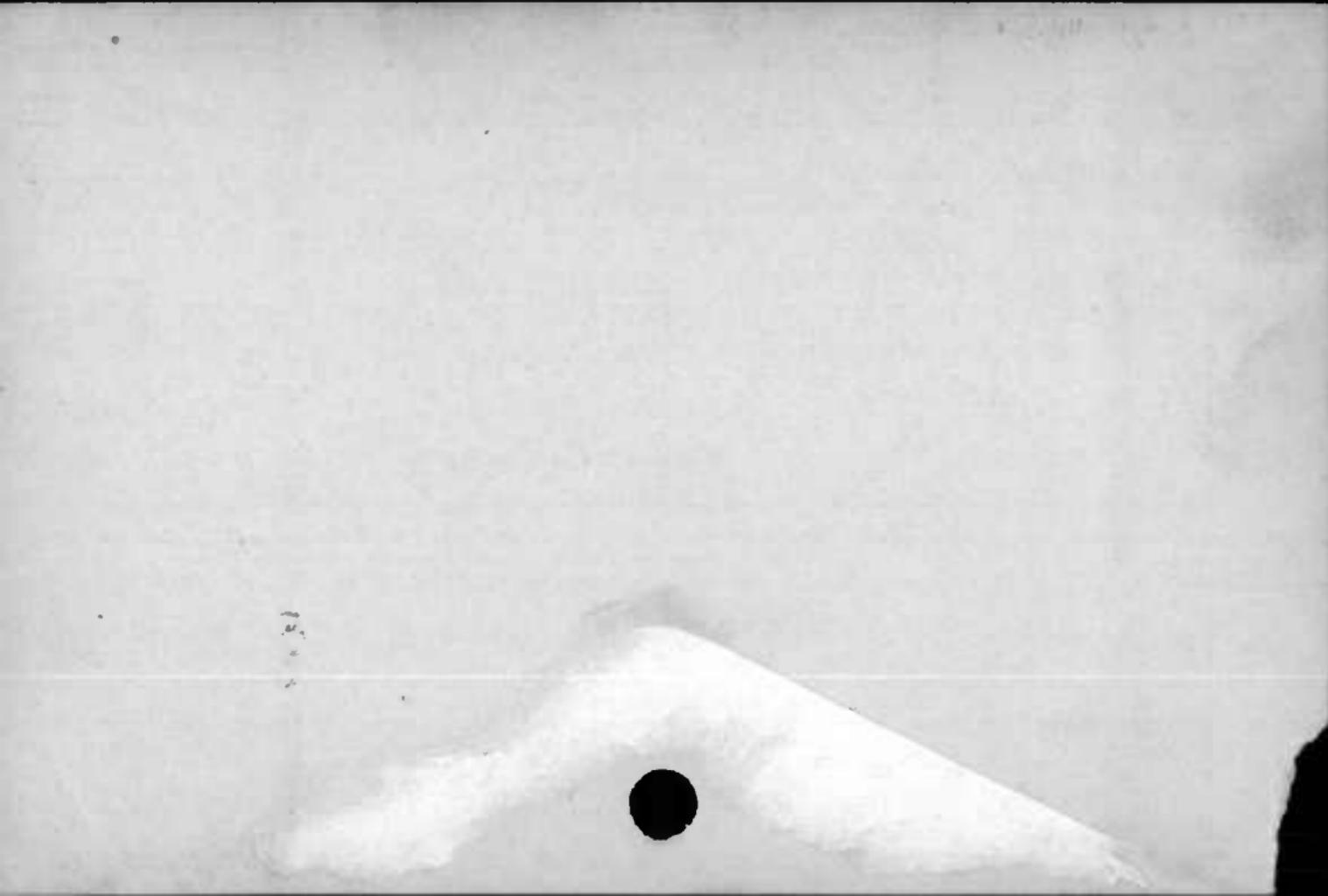
Address

L. B. Johnson

Morganza.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Lizzie Braxton

7/10/1911

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	July	10	Age 23		
Sex	Color or Race	Birth-place Chas. Co.			
Occupation	Where Residing If not at place of death St. Mary's Co.				
Married, Single or Widowed	Name of Wife or Husband	Chas. Braxton			
Father's Name	Chas. Braxton				
Mother's Maiden Name	Chas. Braxton				
Name of person giving Information	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Congestion of the liver

How long

8 days

Immediate

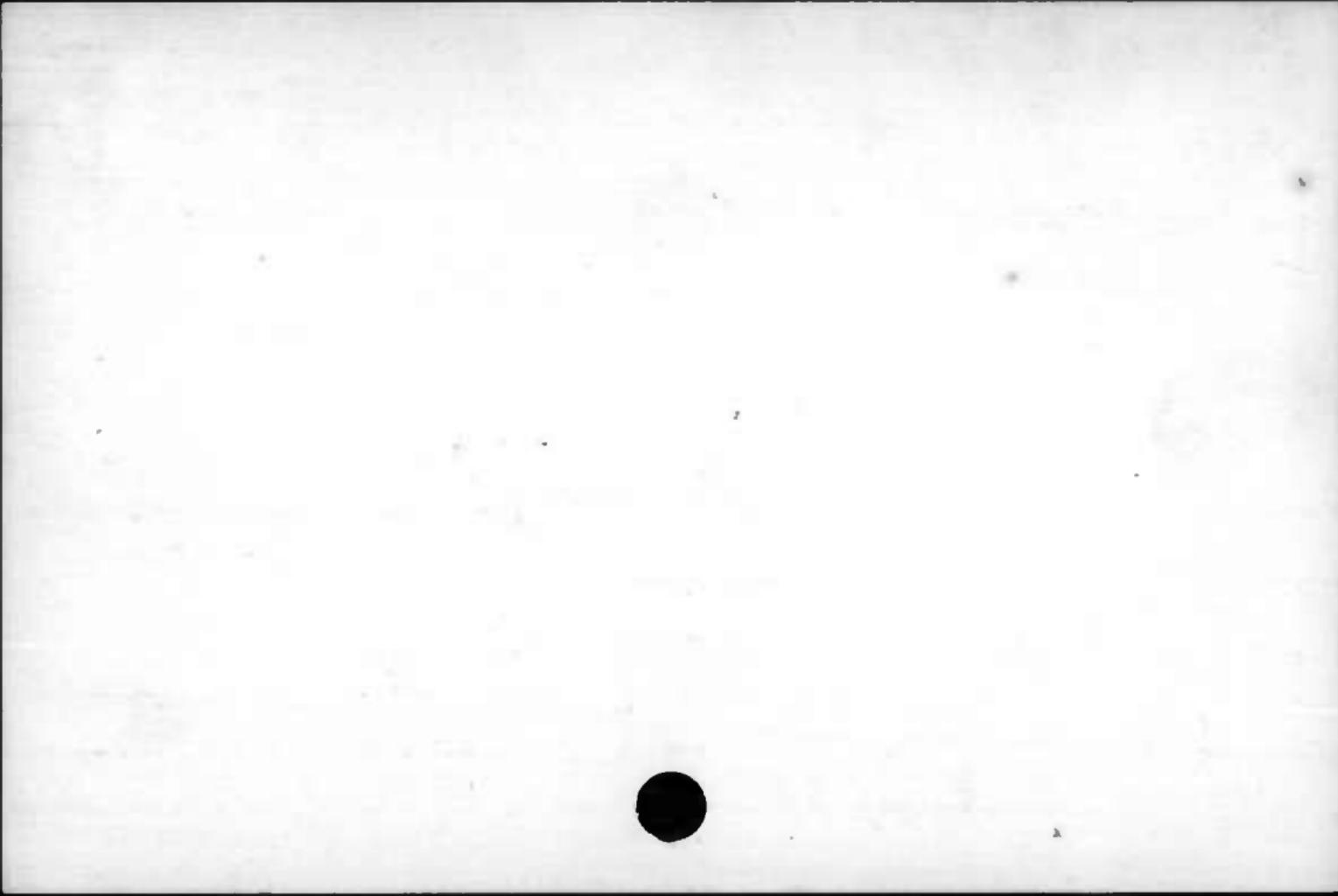
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. D. Petherbridge,  
Charlotte Hall  
Md.

Accident or Suicide?



Name  
in  
Full

Romanus Jerome Galloway

CERTIFICATE

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1905	July	12	Age 15-	
Sex	Color or Race	Birth-place		
Male	White	St. Mary's Co.		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name or Wife or Husband			
Father's Name	Elsworth Galloway			
Mother's Maiden Name	S. T. Russell			
Name of person giving information	Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Worms	How long	2 days
Immediate	Septicemia Pneumonia	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. O. Long
Yes		Address	613 S. Main
Accident or Suicide?			Not



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Dunmon Gomer				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Hollywood		St. Mary's					
Date of death	1905	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	American	Age	65	Birth- place	St. Mary's
Occupation	Caterman			Where Residing if not at place of death	Hollywood		
Married, Single or Widowed	Rosa			Gomer			
Name of Wife or Husband							
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information	Brody Bausch				How related to deceased		
None							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

2 years

Immediate

General debility

How long

Are the name, age, sex, color, date  
and place correctly given above?

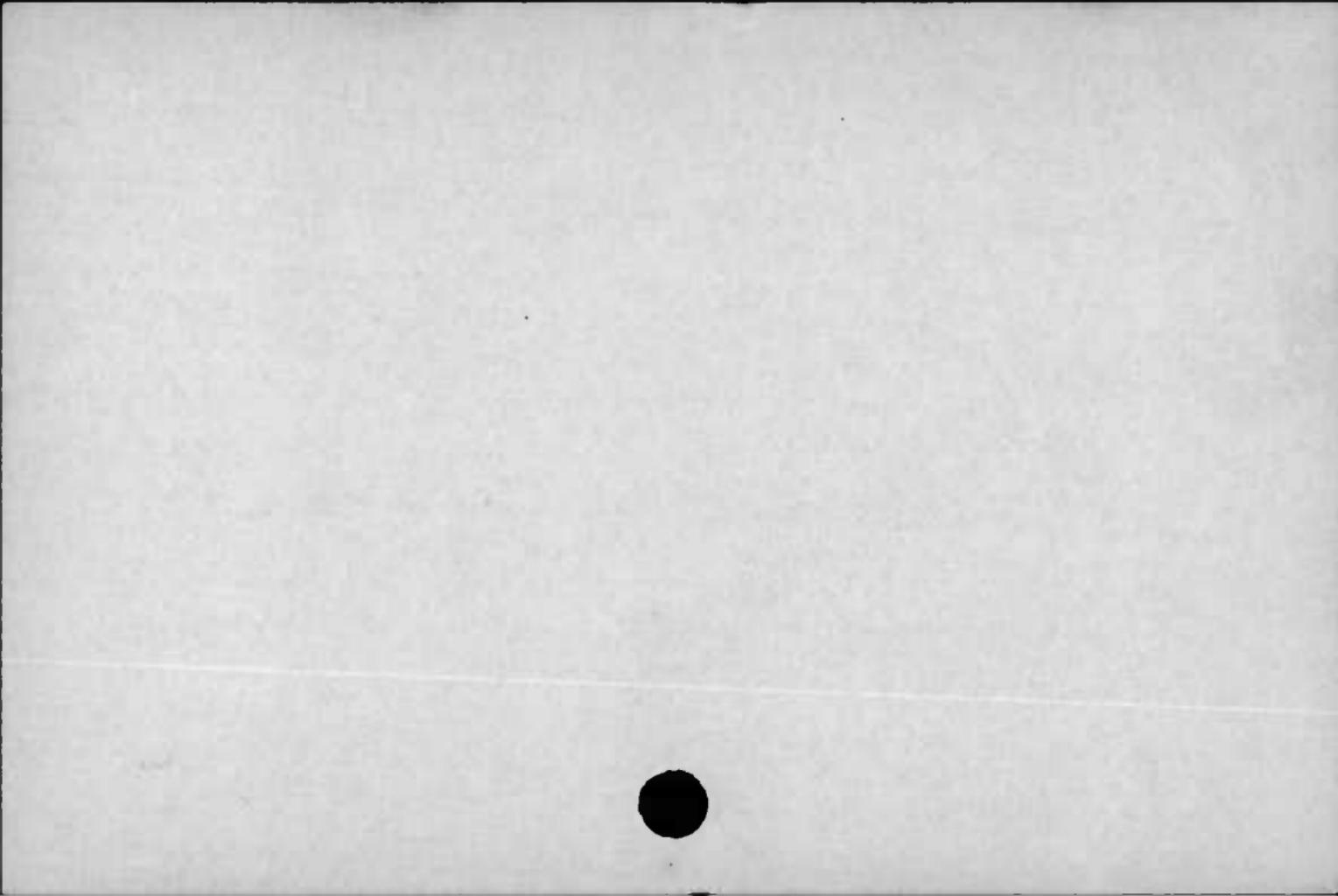
Signature of  
Physician

Address

Yes

J. O'Brien,  
J. O'Brien,  
71st.

Accident or Suicide?



Name  
in  
Full

Edward S. Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Hollywood</u>		County <u>Maryland</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>20</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland C</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>H. E. Jones</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Lulu Jones</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Philly Foster</u>		How related to deceased			

CAUSES OF DEATH

Primary

Pneumonia

How long

6 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

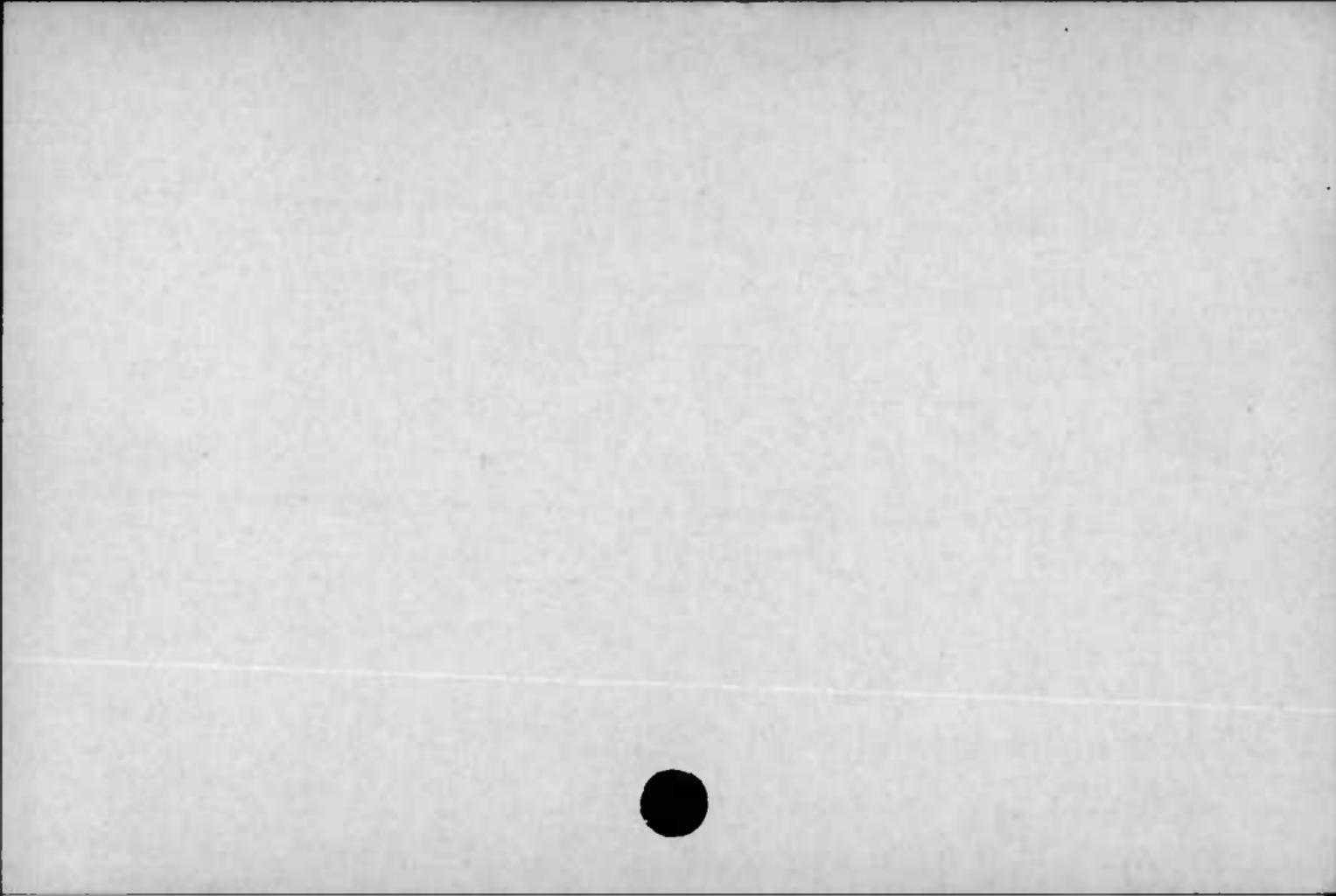
Yes

Signature of Physician

Address

J. D. King,  
Post Office,  
Md.

Accident or Suicide?



Name  
in  
Full

Francis Deal

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at	Beauvoir	Month	County
Date of death	1905	Month	July
Day	9	Age	18
Years		Months	
Days			
Sex	Male	Color or Race	colored
Occupation	Farm hand	Where Residing if not at place of death	A Maryland
Married, Single or Widowed	Single	Name of Wife or Husband	—
Father's Name	Benedict Deal		
Mother's Maiden Name	Matilda Smith		
Name of person giving Information	Leonard Deal		
Father's Birthplace	A Maryland		
Mother's Birthplace	—		
How related to deceased	brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

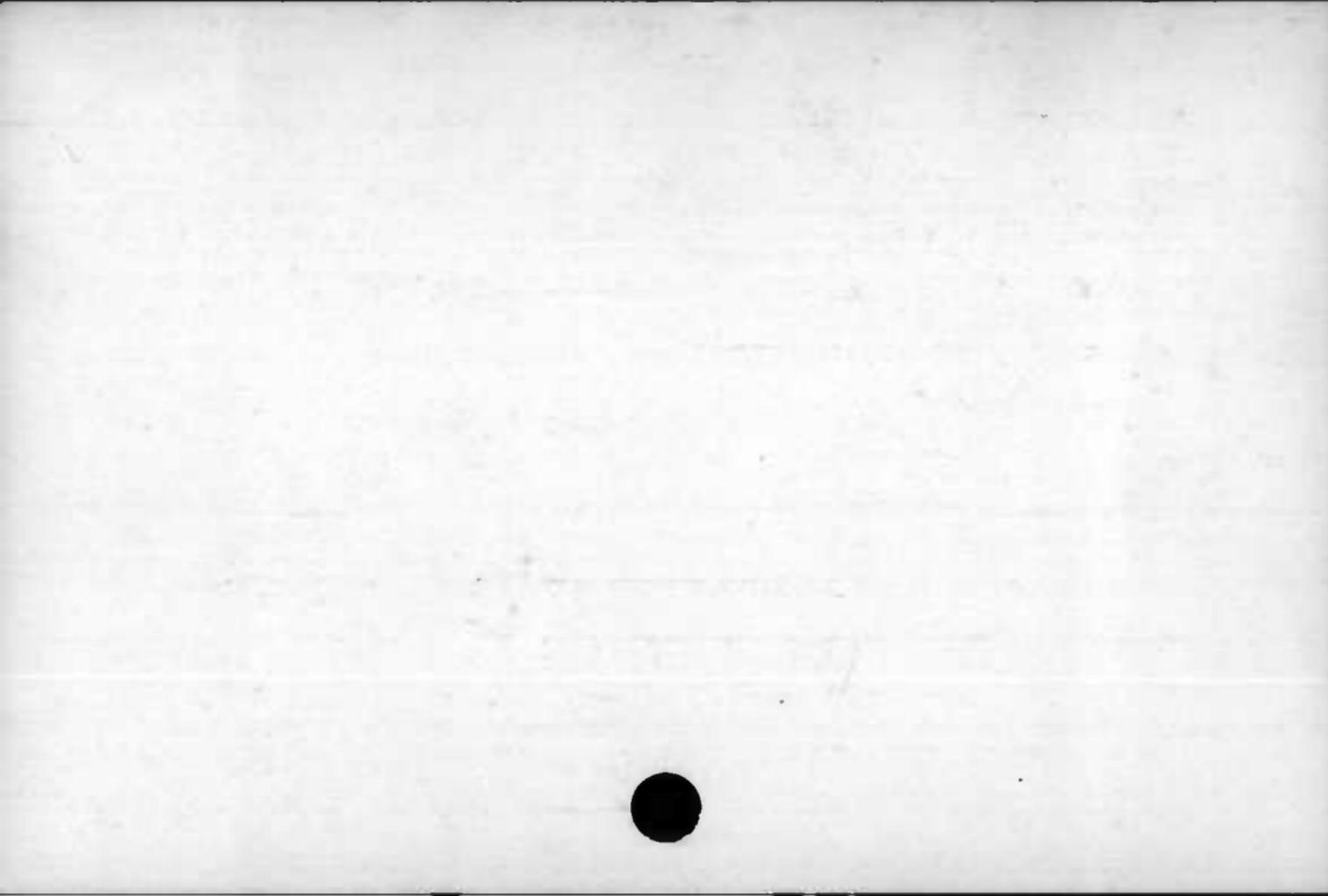
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Accident



Daisy Loretta Redmond

Town

County

Died at RockwoodShamokin

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1905

Age

11Md.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

Henry Redmond      Mary Redmond  
Concussion      24 years  
Heart Disease      Accident, Suicide, Homicide

Reported by

J. D. King,  
Obstetrics  
Mid

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

